
Appointment of Local Registrar and Deputy Registrar

Local Registrar

The recommendation for a local registrar shall come from the director of the local or district health department. The request should be in writing on health department letterhead. The request shall be signed and dated by the director; and mailed to the OVS (Example A).

Authority: KRS 213.036 (1) (2)

Deputy Registrar

The local registrar may appoint deputy registrars in the health department to help perform vital statistics duties. The local registrar should appoint at least one (1) deputy registrar in each of the county's hospitals and nursing homes or any health care facility. This deputy registrar is responsible for the completion of Provisional Report of Death forms in his or her facility. Appointments of hospice nurses are not necessary since authority is granted to sign Provisional Report of Death forms under KRS 314.046. The local registrar shall send a memo as shown on (Example B) or an Appointment letter to the State Registrar on health department letterhead to nominate a deputy registrar.

This letter should include the following Information:

- Name of appointee
- County
- Effective date of appointment
- Identify if appointee is a replacement; identify the prior deputy registrar
- Appointee's place of employment
- Address of employment
- Telephone number of appointee's employment
- Signature of local registrar

Where to Send

Attention: Quality Assurance Field Staff
Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621

Appointment Certificate

The Quality Assurance staff will prepare a certificate for each appointee. The certificate will be returned to the local registrar for signature and presentation to the new deputy. The registrar should include a cover letter and the instructional material entitled "Duties of a Deputy Registrar" for appointees that are employed by a hospital or nursing home (refer to The Registrar Guidelines, page 14).

Authority: KRS 213.036 (3)

MEMORANDUM

TO: Christina Stewart
State Registrar of Vital Statistics

FROM: Local Registrar
_____ County

SUBJECT: Deputy Registrar Appointment

DATE: _____

Please issue a certificate appointing _____

as Deputy Registrar for _____ County.

This appointment is _____ new*

_____ replacement for _____

* Please give the following information on new appointments:

Title or Position _____

Place of Employment _____

Address of Employment _____

Work Telephone _____

Signature _____ Date _____

DATE

J. Jones, Deputy Registrar
Dover Manor Nursing Home
123 Our Street
Ourtown, Kentucky 40000

Dear J. Jones:

Enclosed with this correspondence is the Certificate of Appointment authorizing you, as a Deputy Registrar of Vital Statistics in _____ County. In addition, a handout is included to assist in completing your duties as the deputy registrar in (facility name).

Primarily, your responsibilities are to regulate the process of the "Provisional Report of Death" (VS-34) in your facility. You may sign a few blank Provisionals that may be used when you are off duty. However, the person responsible for providing Provisionals in your absence should be made aware of the procedures necessary to comply with the state law regarding this process.

If you should have any questions, or need assistance, please contact me at (address, telephone number).

Sincerely,

Jane Doe
Local Registrar